



**JONATHAN E. FIELDING, M.D., M.P.H.**  
Director and Health Officer

**JONATHAN E. FREEDMAN**  
Acting Chief Deputy

313 North Figueroa Street, Room 806  
Los Angeles, California 90012  
TEL (213) 240-8117 • FAX (213) 975-1273

[www.lapublichealth.org](http://www.lapublichealth.org)



**BOARD OF SUPERVISORS**

**Gloria Molina**  
First District

**Yvonne B. Burke**  
Second District

**Zev Yaroslavsky**  
Third District

**Don Knabe**  
Fourth District

**Michael D. Antonovich**  
Fifth District

February 15, 2008

TO: Each Health Deputy

FROM: Jonathan E. Fielding, M.D., M.P.H.  
*for* Director and Health Officer

SUBJECT: **STATUS OF THE COMPREHENSIVE DRUG OVERDOSE  
PREVENTION PILOT PROGRAM IN LOS ANGELES COUNTY AND  
RELATED LEGISLATIVE POLICY**

On September 12, 2006, your Board approved the Director of Public Health's recommendation to authorize the Director to take all necessary actions to prepare and file agreements for Board approval, including conducting a competitive process to identify qualified community agencies to participate in a pilot drug overdose prevention and Naloxone distribution project in Los Angeles County; and instruct the County's Legislative Advocates in Sacramento to seek State legislation that would limit the civil and criminal liability involved in prescribing and distributing Naloxone for all parties involved in any expansion of the pilot program.

This memo is to provide you with an update of the status of the comprehensive drug overdose prevention pilot program in Los Angeles County and related legislative policy.

**DRUG OVERDOSE PREVENTION PILOT PROGRAM**

**Background**

The Department of Public Health, Alcohol and Drug Program Administration (ADPA) intends to release a Request for Statement of Qualifications (RFSQ) for Opiate Overdose Prevention and Treatment Training Program Services on February 19, 2008. The RFSQ is being issued in response to the Board's instructions to initiate a competitive process to identify qualified community agencies to participate in a comprehensive pilot drug overdose prevention project in Los Angeles County. The RFSQ will involve a competitive selection process to select up to four agencies to enter into a Purchase Order Agreement with the County. The Purchase Order Agreement will be for the provision of a comprehensive opiate overdose prevention and treatment training program and Naloxone distribution program.

### **Objective**

The agencies funded under the RFSQ will be responsible for selecting clients who are committed to completing a training on opiate overdose prevention and treatment. Upon completion of the training, the clients will know the causes of opiate overdose, and how to: reduce the risk of an opiate overdose, recognize opiate overdose, contact emergency services, perform rescue breathing, properly administer Naloxone, and report back to the agency on overdoses witnessed and Naloxone administered. The funded agencies will be required to develop and distribute information on drug overdose prevention to trained clients, to train clients in proper Naloxone administration, to have licensed individuals distribute pre-prepared syringes of Naloxone to clients who successfully complete training, and to collect data to evaluate the effectiveness of the program. The agencies will also be responsible for providing clients with resources and information about treatment services and for establishing a protocol for monitoring the distribution of pre-prepared syringes of Naloxone to clients by individuals licensed to dispense prescriptions.

The targeted population for this program is individuals at-risk for drug overdose of opiates residing within Los Angeles County. Community-based agencies that are currently providing needle exchange and/or drug treatment programs for opiate users, and who are capable of incorporating Naloxone distribution and drug overdose prevention and treatment training services into their current services, will be considered for funding. Funding consideration will also be based on an agency's description of: 1) the targeted geographic area; 2) the demographics of the at-risk individuals in this area; 3) the needs of this at-risk population; and 4) the justification of the need to provide services for this population.

### **Funding**

A total of \$100,000 will be distributed as a result of the RFSQ, and up to four agencies will be awarded up to \$25,000 each. The anticipated service period is April 1, 2008 through March 31, 2009.

## **LEGISLATION TO PROTECT PROGRAM PROVIDERS**

### **Background**

In a Board memo dated October 16, 2007, the CEO informed the Board that County-sponsored SB 767 (Ridley-Thomas) had been chaptered in the California Civil Code. SB 767 limits the civil and criminal liability for licensed health care providers who prescribe Naloxone while working in conjunction with an opioid overdose prevention and treatment training program. SB 767 creates a three-year pilot project in seven counties: Alameda, Fresno, Humboldt, Los Angeles, Mendocino, San Francisco, and Santa Cruz. The bill protects providers who prescribe take-home Naloxone, a medication used to reverse opiate overdoses, to people who use opiates such as heroin and methadone. SB 767 was signed by Governor Schwarzenegger and went into effect January 1, 2008.

**Implementation of SB 767**

DPH staff has been working with County Counsel to ensure that the County takes the necessary actions to properly implement the provisions of SB 767. In order to qualify for the liability protection offered by SB 767, an opioid overdose prevention and training program must either be operated by a local health jurisdiction or registered with the local health jurisdiction. In Los Angeles County there is currently at least one community-based agency, Homeless Health Care of Los Angeles (HHCLA), which is operating an opioid overdose prevention and training program which offers clients prescriptions for Naloxone. HHCLA does not currently receive any funding from the County for this program and therefore does not qualify for the protection offered by SB 767 as a program operated by a local health jurisdiction. County Counsel has informed our Department that we can enter into an affiliation agreement with HHCLA that will satisfy the requirements of SB 767, as a registered program with the local health jurisdiction, and provide HHCLA with the protection offered by this bill. DPH staff is currently working with County Counsel to prepare this affiliation agreement for signature. If the Department becomes aware of any other provider(s) who want to officially register their opioid overdose prevention and treatment training programs with the County, DPH will work with the provider(s) and County Counsel to enter into an affiliation agreement. DPH will also continue to work closely with County Counsel to ensure that the providers that are selected during the RFSQ process are protected under SB 767.

We will continue to update you on our progress on the RFSQ as well as the affiliation agreement(s) related to the implementation of SB 767. In the meantime, if you have any questions or require additional information, please let me know.

JEF:tmd

Attachment

c: Shelia Shima  
Paul Kim  
Eva Vera  
Max Schmidl

**Senate Bill No. 767**

**CHAPTER 477**

An act to add and repeal Section 1714.22 of the Civil Code, relating to drug overdose treatment.

[Approved by Governor October 11, 2007. Filed with  
Secretary of State October 11, 2007.]

**LEGISLATIVE COUNSEL'S DIGEST**

SB 767, Ridley-Thomas. Drug overdose treatment: liability.

Existing law authorizes a physician and surgeon to prescribe, dispense, or administer prescription drugs, including prescription controlled substances, to an addict under his or her treatment, as specified. Existing law prohibits, except in the regular practice of his or her profession, any person from knowingly prescribing, administering, dispensing, or furnishing a controlled substance to or for any person who is not under his or her treatment for a pathology or condition other than an addiction to a controlled substance, except as specified.

This bill would authorize, until January 1, 2011, a licensed health care provider, who is already permitted pursuant to existing law to prescribe an opioid antagonist, as defined, if acting with reasonable care, to prescribe and subsequently dispense or distribute an opioid antagonist in conjunction with an opioid overdose prevention and treatment training program, as defined, without being subject to civil liability or criminal prosecution. The bill would require a local health jurisdiction that operates or registers an opioid overdose prevention and treatment training program to collect prescribed data and report it to the Senate and Assembly Committees on Judiciary by January 1, 2010. The bill would provide that these provisions apply only to specified counties.

*The people of the State of California do enact as follows:*

SECTION 1. The Legislature hereby finds and declares that because drug overdose deaths are preventable, it is therefore an appropriate role for the state to do all of the following:

- (a) Seek to prevent the onset of drug use through preventive measures.
- (b) Provide cessation treatment for those addicted to drugs.
- (c) Prosecute those who sell controlled substances.
- (d) Seek to prevent needless death and damage caused by drug overdose by implementing appropriate crisis interventions when these interventions are needed.

SEC. 2. Section 1714.22 is added to the Civil Code, to read:

1714.22. (a) For purposes of this section:

(1) "Opioid antagonist" means naloxone hydrochloride that is approved by the federal Food and Drug Administration for the treatment of a drug overdose.

(2) "Opioid overdose prevention and treatment training program" or "program" means any program operated by a local health jurisdiction or that is registered by a local health jurisdiction to train individuals to prevent, recognize, and respond to an opiate overdose, and that provides, at a minimum, training in all of the following:

- (A) The causes of an opiate overdose.
- (B) Mouth to mouth resuscitation.
- (C) How to contact appropriate emergency medical services.
- (D) How to administer an opioid antagonist.

(b) A licensed health care provider who is permitted by law to prescribe an opioid antagonist may, if acting with reasonable care, prescribe and subsequently dispense or distribute an opioid antagonist in conjunction with an opioid overdose prevention and treatment training program, without being subject to civil liability or criminal prosecution. This immunity shall apply to the licensed health care provider even when the opioid antagonist is administered by and to someone other than the person to whom it is prescribed.

(c) Each local health jurisdiction that operates or registers an opioid overdose prevention and treatment training program shall, by January 1, 2010, collect, and report to the Senate and Assembly Committees on Judiciary, all of the following data on programs within the jurisdiction:

- (1) Number of training programs operating in the local health jurisdiction.
- (2) Number of individuals who have received a prescription for, and training to administer, an opioid antagonist.
- (3) Number of opioid antagonist doses prescribed.
- (4) Number of opioid antagonist doses administered.
- (5) Number of individuals who received opioid antagonist injections who were properly revived.
- (6) Number of individuals who received opioid antagonist injections who were not revived.

(7) Number of adverse events associated with an opioid antagonist dose that was distributed as part of an opioid overdose prevention and treatment training program, including a description of the adverse events.

(d) This section shall apply only to the Counties of Alameda, Fresno, Humboldt, Los Angeles, Mendocino, San Francisco, and Santa Cruz.

(e) This section shall remain in effect only until January 1, 2011, and as of that date is repealed, unless a later enacted statute, that is enacted on or before January 1, 2011, deletes or extends that date.